

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395464	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/20/2023
NAME OF PROVIDER OR SUPPLIER: FOREST HILLS REHABILITATION & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 1000 EVERGREEN AVENUE WEATHERLY, PA 18255		
STATE LICENSE NUMBER: 030602					
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F 0000	INITIAL COMMENT	F 0000			
F 0686	Based on an abbreviated complaint survey completed on April 20, 2023, it was determined that Weatherwood Healthcare and Rehabilitation, was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0686			
SS=E					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0686 SS=E	Continued from page 1 483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by:	F 0686	1. RES#1 MOST RECENT MDS AND PLAN OF CARE REVIEWED WITH PLAN OF CARE UPDATED AS NECESSARY PER SIGNIFICANT CHANGE WITH INTERVENTIONS FOR WOUND CARE TO PROMOTE WOUND HEALING. 2. FACILITY HAS REVIEWED RESIDENTS IN UNIT #3 MOST RECENT SIG CHANGE IN THE LAST 60 DAYS TO ENSURE INTERVENTIONS ARE CAREPLANNED AND IN PLACE FOR RESIDENTS WITH ALTERED SKIN INTEGRITY/PRESSURE AREAS. ANY ISSUES NOTED HAVE BEEN UPDATED ON THE PLAN OF CARE TO MEET THE RESIDENTS' NEEDS AND PROMOTE WOUND HEALING. 3. FACILITY NURSING STAFF EDUCATED ON THE IMPORTANCE OF INTERVENTIONS TO REDUCE THE RISK OF ALTERED SKIN INTEGRITY/PRESSURE TO MEET THE NEEDS OF THE RESIDENT TO PROMOTE WOUND HEALING PER POLICY.	Completion Date: 05/10/2023 Status: APPROVED Date: 04/27/2023	

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F 0686 SS=E	Continued from page 2	F 0686	4. FACILITY DESIGNEE TO REVIEW ALTERED SKIN INTEGRITY INCIDENT REPORTS/MDS SIG CHANGE TO ENSURE INTERVENTIONS ARE IN PLACE TO PREVENT DECLINE IN SKIN CONDITION AND PROMOTE WOUND HEALING., WEEKLY X4 THEN MONTHLY X2 WITH RESULTS TO QAPI FOR FURTHER EVALUATION. 5. POC COMPLETION BY 5/10/2023		

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F 0686 SS=E	<p>Continued from page 3</p> <p>Based on a review of select facility policy and clinical records, and staff interview it was determined that the facility failed to provide timely and necessary care and individualized services to prevent the development and promote healing of pressure ulcers for one resident (Resident 1) out of two sampled residents with pressure sores.</p> <p>Findings include:</p> <p>According to the US Department of Health and Human Services, Agency for Healthcare Research & Quality, the pressure ulcer best practice bundle incorporates three critical components in preventing pressure ulcers: Comprehensive skin assessment, Standardized pressure ulcer risk assessment and care planning and implementation to address areas of risk.</p> <p>ACP (The American College of Physicians is a national organization of internists, who specialize in the diagnosis, treatment, and care of adults. The</p>	F 0686			

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F 0686 SS=E	Continued from page 4 largest medical-specialty organization and second-largest physician group in the United States) Clinical Practice Guidelines indicate that the treatment of pressure ulcers should involve multiple tactics aimed at alleviating the conditions contributing to ulcer development (i.e., support surfaces, repositioning and nutritional support); protecting the wound from contamination and creating and maintaining a clean wound environment; promoting tissue healing via local wound applications, debridement and wound cleansing; using adjunctive therapies; and considering possible surgical repair. A review of facility policy entitled, "Pressure Ulcer/Injury Risk Assessment" provided at the time of the survey ending April 20, 2023 revealed that that purpose of the Pressure Ulcer/ Injury Risk Assessment is to provide guidelines for the structured assessment and identification of residents at risk of developing pressure ulcers/injuries. The policy indicates the purpose of a structured risk assessment is to identify all risk factors and then to	F 0686			

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F 0686 SS=E	<p>Continued from page 5</p> <p>determine which can be modified and which cannot, or which can be immediately addressed, and which will take time to modify. Risk factors that increase a resident's susceptibility to develop or to not heal PU/PIs include but are not limited to: Impaired/decreased mobility and decreased functional ability, exposure of skin to urinary and fecal incontinence. The guidelines indicate a repeat risk assessment should be completed if there is a significant change in condition.</p> <p>A review of the clinical record revealed that Resident 1 was readmitted to the facility on October 19, 2022, and had diagnoses to include Parkinson's disease, heart failure and anemia.</p> <p>A review of an Significant Minimum Data Set assessment dated February 21, 2023 (MDS - a federally mandated standardized assessment process completed periodically to plan resident care) revealed that the resident's cognition was intact with a BIMS (Brief Interview Mental Screener) score of 15 (a score of 13-15 indicates</p>	F 0686			

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F 0686 SS=E	Continued from page 6 intact cognition), required extensive assistance with the assistance of two people with bed mobility (how the resident moves about in bed) and transfers (how resident moves between surfaces), toilet use, was frequently incontinent of bowel and bladder and was at risk for developing pressure sores. Review of the resident's care plan, dated October 19, 2022, revealed that the resident was at risk for alteration in skin integrity related to impaired mobility and incontinence. Interventions planned to maintain the resident's skin integrity were administer preventative skin treatment per physician order dated October 21, 2022, diet and supplements per physician order dated October 19, 2022, encourage and assist to consume fluids as needed dated October 21,2022, observe for changes in skin condition and report abnormalities dated October 19, 2022, obtain labs as ordered and report results to physician dated October 21, 2022, podiatry care as needed dated October 21, 2022, pressure reduction device on bed/chair: air mattress and pressure reduction cushion, dated February 27,	F 0686			

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F 0686 SS=E	Continued from page 7 2023, provide barrier cream to perianal area/ buttocks after each incontinent episode and as needed dated October 19, 2022, and weekly body audit by licensed staff dated October 19, 2022. Further review of the resident's care plan, revealed a problem dated October 24, 2022, and revised on March 21, 2023, indicating that the resident has urinary incontinence related to impaired mobility and Parkinson's disease. The resident's goal was to be maintained and as clean and dry a dignified state as possible and interventions planned were to administer medications per physician order dated October 24, 2022, and use absorbent products as needed (i.e. incontinence brief). Review of Resident 1's clinical record revealed an "eInteract SBAR (Situation-Background-Assessment-Recommendati on Summary) for Providers" entry dated February 18, 2023, at 2015 (8:15 PM) indicated that the resident had a change in condition related to skin status evaluation. The resident had developed a	F 0686			

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F 0686 SS=E	Continued from page 8 pressure ulcer/injury. A nurse's note date February 18, 2023, at 2015 (8:15PM) noted three open areas to resident's bottom. The areas were measured as 2 cm x 2 cm of left gluteal fold, 2 cm x 2 cm on coccyx and 3.5 cm on right gluteal fold. The open area on the right gluteal fold was noted to have a 1 cm x 1 cm darker pigmented spot in the center. However, there was no assessment of the periwound or wound bed of the "open areas." documented by nursing staff or any reference to the presence of drainage. A review of facility incident/ accident report dated February 18, 2023, indicated that an RN (Registered Nurse) assessed the resident and noted that the resident had "MASD" (Moisture Associated Skin Disorder- delineates a spectrum of injury characterized by the inflammation and erosion (or denudation) of the epidermis resulting from prolonged exposure to various sources of moisture and potential irritants (e.g urine, stool, perspiration, wound, exudate, and ostomy effluent). A treatment	F 0686			

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F 0686 SS=E	Continued from page 9 was implemented. There was no documented evidence on the resident's care plan that the facility had revised the planned interventions related to management of the resident's urinary incontinence and identified the potential factors contributing to the resident's MASD. The facility failed to revise the resident's care plan to address the resident's decline in bed mobility, toileting and transfers as noted on the resident's significant change MDS including measures to address the effect of the declines in resident's ADL abilities may have on the resident's skin integrity (i.e. requiring assistance with turning and repositioning in bed and the frequency). Review of documentation from a consultant wound care specialist dated February 20, 2022, revealed that services were provided to the resident. Two impaired areas of skin were examined, the right medial buttock partial thickness measuring 1 cm x 1 cm x 0.1 cm and the left lower buttock partial thickness measuring 4 cm x 2 cm x 0.1 cm, and	F 0686			

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F 0686 SS=E	Continued from page 10 were identified as MASD. There was no indication that the coccyx area referenced in nursing notes on February 18, 2023, were examined and/or healed. A physician order to apply a preventative treatment cream for the bilateral buttocks TID was noted February 20, 2023, and discontinued on February 27, 2023. A review of a facility incident/accident report dated February 27, 2023, indicated that the areas of "MASD" on the resident's right medial buttocks/gluteal fold area now showed further breakdown/pressure related skin damage. The areas were now presenting as unstageable PI (pressure injury d/t 100% slough tissue coverage) located primarily over the resident's ischium measuring 3.0 cm x 2.0 cm. The resident had also now developed a new unstageable PI (d/t 100% slough tissue coverage) on the sacrum measuring 2.0 cm x 1.0 cm and the previous MASD of the left lower buttock was resolved.	F 0686			

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F 0686 SS=E	<p>Continued from page 11</p> <p>Review of documentation from a consultant wound care specialist dated February 27, 2023, indicated that the resident's areas of MASD on the right medial buttock and the left lower buttock were resolved as of February 27, 2023, but the resident now presented two wounds. The wounds were described as "Unstageable (due to necrosis) sacrum full thickness" measuring 2 cm x 1 cm x 0.1 cm with 100% slough noted in the wound bed and "Unstageable (due to necrosis) of the right ischium full thickness measuring 3 cm x 2 cm x 0.1 cm with 100% slough noted in the wound bed.</p> <p>There was no documented evidence that the facility had evaluated and identified potential contributing factors to the decline in the resident's skin impairments. The resident's clinical record contained no documented evidence that facility nursing staff had identified the pressure area on the resident's sacrum prior to the wound care consultant's rounds on February 27, 2023.</p> <p>During an interview with the Director of Nursing on</p>	F 0686			

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F 0686 SS=E	Continued from page 12 April 20, 2023, at 2:30 PM, the DON confirmed that the facility failed to demonstrate the implementation of timely and adequate measures to prevent skin impairments and consistent implementation of interventions necessary to prevent worsening of existing wounds and the development of additional pressure areas. 28 Pa. Code 211.12(a)(c)(d)(1)(3)(5) Nursing services. 28 Pa. Code 211.5(f)(g)(h) Clinical records. 28 Pa. Code 211.10 (a)(d) Resident care policies 28 Pa. Code 211.11 (d)(e) Resident care plan	F 0686			



Certified End Page

FOREST HILLS REHABILITATION & HEALTHCARE CENTER

STATE LICENSE NUMBER: 030602

SURVEY EXIT DATE: 04/20/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY